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SUBJECT: SOMALIA - FURTHER NUTRITIONAL DECLINE

REF: Nairobi 1128

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SUMMARY  
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¶1. Increased levels of malnutrition and food insecurity have deepened the humanitarian crisis across Somalia. Chronic emergency levels of malnutrition are exacerbated by rising food prices, below-normal April-June (gu) rainfall, poor rainfall distribution, market disruptions, protracted conflict, and limited humanitarian access. The results of a recent series of nutrition assessments indicate that the region is suffering from continued high rates of malnutrition, with further deterioration in some areas. Humanitarian agencies expect nutrition conditions to further worsen during the mid-June to mid-September dry season. In June, USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) provided USD 2 million to the U.N. Children's Fund (UNICEF) to support innovative projects to prevent malnutrition, as well as to augment current therapeutic and supplementary feeding programs (reftel) and integrate nutrition, health, and water, sanitation, and hygiene interventions. End summary.

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CURRENT SITUATION  
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¶2. In early July, the U.N. Food and Agriculture Organization's Food Security Analysis Unit (FSAU) for Somalia released the results of 11 nutrition assessments conducted by FSAU, NGOs, and U.N. agencies in May 2008 in Shabelle, Gedo, Bakool, Hiran, and Nugal regions. The FSAU report indicated that acute malnutrition rates in central and southern Somalia remain persistently high and have further increased in some areas. According to FSAU, a variety of factors are causing the poor nutrition situation, including conflict, drought, high incidence of diarrhea, poor breast-feeding and weaning practices, rising food prices, and insufficient access to clean water, adequate health care, and sanitation facilities.

¶3. FSAU and partners assessed survey participants by region and livelihoods group, such as riverine agrarian, pastoralist, agro-pastoralist, internally displaced person (IDP), and urban dweller. This approach highlighted the different food security and nutritional concerns among the various livelihood groups.

¶4. The most significant deterioration in nutrition conditions occurred in Bakool Region, where the May 2008 assessment identified global acute malnutrition (GAM) rates of 24.1 percent and severe acute malnutrition (SAM) rates of 3.2 percent, in comparison to 14.3 percent GAM and 3.4 percent SAM recorded in November 2007. The FSAU report also indicated a deterioration in nutrition levels from critical to very critical among riverine and pastoral populations in Gedo Region. The nutrition situation among agro-pastoralists and

IDPs in the Shabelle regions and among agro-pastoralists in Gedo Region remained stable, but critical.

¶15. Both crude mortality and child mortality rates among riverine households in the Shabelle regions and assessed populations in Adale District, Middle Shabelle Region, were above the U.N. World Health Organization (WHO) alert thresholds of one death per 10,000 individuals per day and two deaths per 10,000 children under five per day, respectively. The crude mortality and child mortality rates in Adale District were 1.31 and 2.43 deaths per 10,000 individuals per day, respectively. The crude mortality and child mortality rates among riverine Shabelle households were 1.39 and 2.20 deaths per 10,000 individuals per day, respectively, presenting no improvement from previous assessments. Crude mortality and child mortality in other assessed locations remained stable and below the WHO alert threshold. According to UNICEF, water-borne diseases due to lack of adequate water, sanitation, and hygiene constitute 20 percent of mortality among children under five in Somalia.

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MULTIPLE FACTORS, MANY LAYERS TO THE CRISIS  
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¶16. Local, regional, and global factors are contributing to malnutrition in central and southern Somalia. These factors include drought, rising global and local food prices, trade disruptions, conflict, and limited access for humanitarian agencies, as well as early infant weaning, insufficient breast-feeding, poor infant and child-feeding practices, and inadequate access to safe drinking water and sanitation facilities.

¶17. In each assessed community in southern and central Somalia, FSAU reported that the lack of dietary diversity, poor child feeding practices, and poor water, sanitation, and hygiene conditions were associated with high rates of acute malnutrition. Early introduction of complementary foods and early infant weaning, as well as inadequate treatment of childhood diseases, are factors contributing to malnutrition in children under five years.

¶18. Drought and food insecurity are also major contributing factors to malnutrition in Somalia. According to the USAID-supported Famine Early Warning Systems Network (FEWSNET), approximately 2.6 million people in Somalia are experiencing high or extreme food insecurity. Relief agencies are preparing for a worst-case scenario in which up to 3.5 million food insecure Somalis will require livelihood support or emergency assistance by the end of 2008.

¶19. FEWSNET projects that the poor performance and distribution of the recent long rains will result in a below-average cereal harvest. Successive seasons of poor cereal production in key agricultural areas, as well as reduced cereal imports, have reduced available staple foods and contributed to sharply rising cereal prices. Since April 2008, cereal prices have risen between 35 and 45 percent in local markets. As of June 30, maize prices in the Shabelle regions and Juba regions were between 302 and 405 percent higher than the five-year average. Rising global food and fuel prices, as well as limited regional food availability, compound the problem.

¶10. In March and April 2008, FSAU and partners conducted a rapid urban food security and nutrition assessment in 27 towns throughout Somalia to determine the impact of increased food and non-food prices on urban populations. The assessment concluded that the cost of minimum food and non-food commodity expenditures increased between 55 and 130 percent from March 2007 to March 2008. FSAU is currently repeating the assessment in 60 urban sites throughout Somalia, with results expected by late July.

¶11. In addition, the deteriorating security situation and continued targeting of national and international relief workers present significant challenges to humanitarian interventions (to be reported septel). According to the U.N. Office for the Coordination of Humanitarian Affairs, 82 incidents of looting or attempted looting of food aid have occurred to date in 2008. In late June, CARE International, an NGO with a significant role in food distribution, suspended all operations in Galgaduud, as a result of the abduction of a CARE staff member on June 14.

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## USAID RESPONSE

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¶12. In response to the escalating malnutrition rates, USAID/OFDA is working with UNICEF to scale up supplemental and therapeutic feeding programs throughout Somalia. USAID/OFDA has also provided funding to Merlin, Mercy USA, and International Medical Corps to initiate new and expand existing feeding programs for malnourished children in affected regions of central and southern Somalia.

¶13. In addition, USAID/OFDA provided USD 2 million to UNICEF for an innovative, preventative approach to malnutrition in the Shabelle regions and Bossaso IDP camp utilizing ready-to-use foods (RUF). UNICEF estimates that 30-40 percent of all moderately or severely malnourished children in Somalia reside in the Shabelle regions. UNICEF plans to reach at-risk children from 6 to 36 months old with the preventative RUF product Plumpy-doz, water purification tablets for home water treatment, and oral rehydration salts for early treatment of diarrhea. UNICEF also plans to conduct nutritional screenings during the distributions and provide hygiene education for families, community leaders, and community health workers.

¶14. USAID's Office of Food for Peace has recently provided an additional USD 90 million to CARE and WFP for expanded food aid programs (reftel), bringing total fiscal year (FY) 2008 funding to approximately USD 200 million compared to USD 35 million in FY 2007.

In many parts of South/Central Somalia, WFP is working through supplementary feeding centers in collaboration with UNICEF to provide family rations and ensure a more integrated approach to addressing high malnutrition.

¶15. USAID/OFDA will closely monitor the success of this integrated intervention to determine if it is a cost-effective, replicable strategy for potential use in other regions of Somalia. As highlighted by FSAU, UNICEF, WFP, and FEWSNET, the answer to the escalating malnutrition rates in Somalia is not food aid alone, but rather a coordinated approach by donors, government, and aid agencies to improve access to and availability and utilization of food, while at the same time increasing access to adequate health services, clean water, and sanitation.

SLUTZ